2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N01171

1. Entity Name
CITY PARK PLACE, INC.

Principal Place of Business	Mailing Address
1330 S.E. 4TH AVENUE FORT LAUDERDALE, FL 33316 US	P.O. BOX 030399 FT. LAUDERDALE, FL 33303 US

02012006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2366068
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOCKTON, RANDALL K DR
1330 SE 4TH AVE., SUITE L
FT. LAUDERDALE, FL 33316

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BODENHAMER, WILLIAM
STREET ADDRESS	1330 SE 4TH AVENUE SUITE D
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VD
NAME	DOVE, DR. DENNIS
STREET ADDRESS	1330 SE 4TH AVENUE, SUITE H
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	STOCKTON, RANDALL DR.
STREET ADDRESS	1330 SE 4TH AVENUE SUITE L
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/06-80032-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Bodenhamer, President 2/8/06 954-524-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #